

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-4222.M2**

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 10, 2003

MDR Tracking #: M2-03-1181-01  
IRO Certificate #: IRO 4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_ physician reviewer who is board certified in physical medicine and rehabilitation which is the same specialty as the treating physician. The \_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient was injured while loading a truck on \_\_\_ with a standing forklift when the brakes on the forklift went out. He slammed into a load of pallets and was jerked forward and backward, causing immediate neck, mid-back, and low back pain. An MRI revealed a focal annular tear at L5-S1. His injury was treated conservatively but the chronic myofascial and low back pain persisted. The patient began a pain management program on 09/24/02.

Requested Service(s)

Additional 15 days in a chronic pain management program

Decision

It is determined that the proposed additional 15 days in a chronic pain management program was medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

This patient was provided a resource to help manage his chronic pain. He was initially seen by the provider on 02/26/02, began a pain management program on 09/24/02, was treated for 15 days of the 30-day program with documented progress, and then denied the final 15 days. The following problems were noted:

- 1) The neuropsychological consultation was limited to interview and review of the records alone; no psychological testing was done, and
- 2) Fifteen days of a 30-day pain management program were approved without adequate provisions for timely review of the patient's progress, which would have allowed the final 15 days to be provided without interruption.

Pain management programs, when completed, have been shown to be effective in returning patient's to work, even after this period of time (09/05/01 to present). Therefore, it is determined that the proposed additional 15 days in a chronic pain management program was medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,